

## **II. NUTRITION SERVICES**

**Nutrition services represent the full range of activities performed by a variety of staff to operate a WIC Program such as, participant assessment and screening, nutrition education and counseling, breastfeeding and health promotion, food package prescriptions, and health care referrals. Quality WIC nutrition services encompasses not only what WIC offers to participants, but how WIC offers its services.**

***A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-8):*** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

***B. Participant Assessment - 246.7 (d)(e):*** describe the policies and requirements for certification procedures to insure participants' nutritional risk are evaluated in a consistent and proper manner.

***C. Food Package Design - 246.10 (c)(1-7); (e)(1-3):*** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

***D. Staff Training - 246.11(c)(2):*** describe the training and technical assistance provided to WIC professional and para-professional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

## **NUTRITION SERVICES**

### **Nutrition Education**

#### **A. NUTRITION EDUCATION**

##### **1. Local Agency Nutrition Education Plans**

###### **a. The State agency requires local agency nutrition education:**

- ☒ needs assessment ☐ goals and objectives  
☒ other (list): schedule of classes

###### **b. The State agency monitors local agency progress toward meeting nutrition education goals and objectives via:**

- ☒ quarterly or annually written reports  
☐ year end summary report  
☐ annually at local agency reviews  
☒ other (specify): site visits

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

##### **2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion**

###### **a. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:**

- ☒ State developed questionnaire issued by local agencies  
☐ Locally developed questionnaires (need approval by SA )  
☐ State developed questionnaire issued by State agency  
☒ Focus groups  
☐ Other (specify):

###### **b. Results of participant views are:**

- ☒ used in the development of the State Plan  
☒ used in the development of local agency nutrition education plans and breastfeeding promotion and support plans

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

## NUTRITION SERVICES

### Nutrition Education

#### 3. Nutrition Education Contacts

- a. The State agency assures that each local agency offers adult participants, parents or caretakers of infant and child participants, and whenever possible, the child participants themselves two nutrition education contacts per certification period via:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | local agency addresses in annual nutrition education plan          |
| <input type="checkbox"/>            | state nutrition staff monitor annually during local agency reviews |
| <input type="checkbox"/>            | local agency provides periodic reports to State agency             |
| <input checked="" type="checkbox"/> | other (specify): TDH Monitors LAs on biennial basis                |

- b. The State agency has developed minimum nutrition counseling standards for the following participant categories:

- |                                     |                  |                                     |                        |
|-------------------------------------|------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | pregnant women   | <input checked="" type="checkbox"/> | breastfeeding women    |
| <input type="checkbox"/>            | postpartum women | <input checked="" type="checkbox"/> | infants                |
| <input checked="" type="checkbox"/> | children         | <input type="checkbox"/>            | high-risk participants |

- c. Individual care plans are required for all high-risk participants

- |                          |     |                                     |    |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--------------------------|-----|-------------------------------------|----|

- d. Individual care plans developed include the following components:

- | Must Include             | May Include                         |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | identification of nutrition-related problems |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | action plan to correct problems              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | plan for follow-up                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | plan for referral                            |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | timeframes for completing action plan        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | documentation for completing action plan     |
| <input type="checkbox"/> | <input type="checkbox"/>            | other (specify):                             |

- e. Check the following individuals allowed to provide general or high risk nutrition education:

- | General Nutrition Education         | High-risk Nutrition Contact         |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Paraprofessionals (non B.S. degree with formal WIC training by SA or LA) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Licensed Practical Nurses  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Registered Nurses  |

## NUTRITION SERVICES

### Nutrition Education

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Home Economists  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | B.S. in Nutrition (or related field)   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Registered Dietitian or M.S. in Nutrition (or related field)   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Dietetic Technician (2 year program completed)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Other (specify): Classes may be taught by any staff member who has successfully completed the NE modules |

**f. The State agency allows adult participants to receive nutrition education by proxy**

- ☐ No
- ☒ Yes (If yes, check the applicable conditions below):
- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | proxy is spouse/boyfriend                          |
| <input checked="" type="checkbox"/> | proxy is parent of adolescent prenatal participant |
| <input checked="" type="checkbox"/> | proxy is neighbor                                  |
| <input type="checkbox"/>            | only for certain priorities (specify):             |
| <input checked="" type="checkbox"/> | other (specify): <b>designated by participant</b>  |

**g. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy**

- ☐ No
- ☒ Yes (If yes, check the applicable conditions below):
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | proxy is grandparent or legal guardian of infant or child participant |
| <input checked="" type="checkbox"/> | proxy is neighbor   |
| <input type="checkbox"/>            | only for certain priorities (specify):                                |
| <input checked="" type="checkbox"/> | other (specify): designated by food recipient                         |

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

**4. Nutrition Education Materials**

**a. The State agency recommends and/or makes available nutrition education materials for the following topics:**

|                                      | English                             | Spanish                             | Other languages (specify) |
|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------|
| General nutrition                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| Specific nutrition-related disorders | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           |
| Maternal nutrition                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           |

## NUTRITION SERVICES

### Nutrition Education

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| Infant nutrition  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Child nutrition   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nutritional needs of Homeless (see State Plan 246.4 (a)(9))   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nutritional needs of migrant farmworkers and their families   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Nutrition needs of Indians  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Nutrition needs of teenage prenatal women   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Breastfeeding and support promotion   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Breastfeeding issues/problems   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Danger of harmful substance (alcohol, tobacco and other drugs and second-hand smoke) abuse during pregnancy and breastfeeding | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Other:

**Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.**

- b. The State agency follows written criteria to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:**

|                                     |           |                                     |               |                                     |                |
|-------------------------------------|-----------|-------------------------------------|---------------|-------------------------------------|----------------|
| <input checked="" type="checkbox"/> | content   | <input checked="" type="checkbox"/> | reading level | <input checked="" type="checkbox"/> | graphic design |
| <input checked="" type="checkbox"/> | ethnicity |                                     |               |                                     |                |

## NUTRITION SERVICES

### Nutrition Education

- c. **Locally developed nutrition education materials must be approved by State agency prior to use**

☒ Yes

☐ No

**If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials**

☐ Yes

☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

### Special Nutrition Education Needs of Special Populations

**The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):**

| <u><b>M</b></u>                     | <u><b>H</b></u>                     | <u><b>S</b></u>                     | <u><b>B</b></u>                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | provision of nutrition education materials appropriate to this population   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | provision of nutrition curriculum or care guidelines specific to this population  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | requiring local agencies who serve this population to address its special needs in local agency nutrition education plans |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | arranging for special training of local agency personnel who work with this population                                    |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | distribution of resource materials related to this population   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | encouraging WIC local agencies to network with one another  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | coordinating at the State and local levels with agencies who serve this population  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | other (specify):  |

## **NUTRITION SERVICES**

### **Nutrition Education**

#### **ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite):**

##### **6. Breastfeeding Promotion Plan**

##### **a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):**

- ☒ activities such as development of breastfeeding coalitions, task forces, or forums to identify barriers to breastfeeding
- ☒ development of breastfeeding promotion and support posters and outreach materials
- ☒ procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- ☒ training for State/local agency staff.
- ☒ designation of State breastfeeding promotion coordinator to coordinate breastfeeding promotion efforts
- ☒ evaluation of breastfeeding promotion and support activities
- ☒ employment of a certified lactation consultant to counsel pregnant women
- ☒ other (specify): plans to increase bf rates and/or meet performance standards

##### **b. The State agency has established standards for breastfeeding promotion and support which include, at a minimum, the following (check all that apply):**

- ☒ a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- ☒ a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- ☒ a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- ☒ a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods

## NUTRITION SERVICES

### Dietary Assessment

#### B. DIETARY ASSESSMENT

**1. Local agencies are required at a minimum to assess and document dietary intake for:**

- ☐ all participants
- ☐ only those participants who do not have a medical risk factor
- ☐ only those participants who have particular risk factors
- ☐ only specific participant categories
- ☒ other (specify): assessed but not always scored for risk -- see CS: 04.6

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite): CS: 04.6**

**2. The State agency ☒ State wide or, ☐ at local agency option (check one),  
requires/allows (check all that apply):**

- ☒ dietary intake information on all participants
- ☐ dietary intake information only for those participants at risk due to dietary  
inadequacy
- ☐ other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

**3. The State agency policy requires that dietary intake information be collected through  
(check all that apply):**

- ☐ no intake protocol are specified
- ☐ food frequency/food item checklist
- ☐ other (specify):
- ☒ 24 hour recall
- ☐ dietary record/diary

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite): CS: 04.6**

**4. Analysis of diet is based on professionally recognized guidelines (e.g., AAP, Dietary  
Guidelines for Americans, Food Guide Pyramid)**

- ☒ Yes (specify which): FGP
- ☐ No (explain):

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**



## **NUTRITION SERVICES**

### **Dietary Assessment**

- 5. All local agencies are required by the State agency to use the same standardized dietary assessment form(s)**

☒

Yes

☐

No

- a. If yes, attach mandated forms or specify location in the procedure manual and reference below.**

- b. If no, the State agency assures quality diet assessment by:**

☐

requiring local agencies to submit forms for approval

☐

annually monitoring the locally developed forms during local agency reviews

☐

other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**

## NUTRITION SERVICES

### Food Package Design

#### C. FOOD PACKAGE DESIGN

**1. Authorized WIC eligible Foods**

**a. Include a copy of the current State authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference: FD: 22.0**

**b. The State agency considers the following when making decisions about authorizing WIC eligible foods:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> federal requirements   | <input checked="" type="checkbox"/> nutritional value          |
| <input checked="" type="checkbox"/> participant acceptance   | <input checked="" type="checkbox"/> cost                       |
| <input checked="" type="checkbox"/> Statewide availability   | <input checked="" type="checkbox"/> participant/client request |
| <input checked="" type="checkbox"/> other (specify): label confusion; name of product and impact on nutrition message e.g. "cocktail" as used sometimes with juice |  |

**c. The State agency identifies nutritional criteria for approving foods which are stricter than Federal regulations**

☒ Yes ☐ No

**If yes, complete the following table citing actual values or criteria identified by the State.**

**d. The State agency establishes policies regarding the issuance of contract and non-contract brand infant formula.**

☒ Yes ☐ No

**The State agency requires medical documentation for contract infant formula (other than milk and soy-based)**

☐ Yes ☒ No

**The State agency requires medical documentation for non-contract infant formula.**

☒ Yes ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite):**

**NUTRITION SERVICES**  
**Food Package Design**

**State Established Guidelines**

|                                 | <b>Milk</b>                               | <b>Cheese</b> | <b>Cereal</b> | <b>Juice</b> | <b>*Eggs</b> | <b>Peanut Butter</b>     | <b>Tuna</b>  | <b>Dried Beans/Peas</b> | <b>Carrots</b> |
|---------------------------------|---|---------------|---------------|--------------|--------------|--------------------------|--|-------------------------|----------------|
| <b>Fat</b>                      | <b>whole for children &lt;2</b>           |               |               |              |              | <b>no lowfat or lite</b> | <b>packed in water</b><br><br><b>No albacore solid white</b> |                         |                |
| <b>Sugar</b>                    | <b>unflavored, no sweetened condensed</b> |               |               |              |              |                          |  |                         |                |
| <b>Sodium</b>                   |   |               |               |              |              |                          |  |                         |                |
| <b>Fiber</b>                    |   |               |               |              |              |                          |  |                         |                |
| <b>Artificial Sweeteners</b>    |   |               |               |              |              |                          |  |                         |                |
| <b>Artificial Color/ Flavor</b> |   |               |               |              |              |                          |  |                         |                |

# **NUTRITION SERVICES**

## **Food Package Design**

|  |                                     |  |   |   |  |  |  |  |                      |
|--|-------------------------------------|--|---|---|--|--|--|--|----------------------|
| <b>Other<br/>(e.g., grade<br/>or size of<br/>eggs)</b> | <b>no<br/>high<br/>calciu<br/>m</b> | <b>no pkg<br/>less<br/>than 10<br/>oz; no<br/>shredd<br/>ed or<br/>indiv.<br/>wrappe<br/>d</b> | <b>no<br/>pkg &lt;<br/>than<br/>10 oz</b> | <b>46<br/>fluid<br/>oz<br/>cans<br/>&amp; fzn<br/><br/>speci<br/>fic<br/>brand<br/>s of<br/>apple<br/>,<br/>grape<br/>and<br/>veget<br/>ble</b> | <b>no dry<br/>egg<br/>mix, no<br/>fertile,<br/>brown,<br/>or free<br/>range ,<br/><br/>no Xlg<br/>or<br/>jumbo</b> |  |  |  | <b>no<br/>frozen</b> |
|--|-------------------------------------|--|---|---|--|--|--|--|----------------------|

**\* Category includes fresh eggs and dried egg mix**

## NUTRITION SERVICES

### Food Package Design

#### 2. Nutrition Tailoring

- a. The State agency provides a standard food package for each WIC category which is the same as the maximum package allowed in Program Regulations

| Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pregnant women   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Breastfeeding women  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Postpartum, nonbreastfeeding women                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Infants  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Children   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | State agency does not have standard (i.e., pre-tailored) food packages |

- b. If the standard package is not maximum, the State agency specifies participants who should receive maximum:

|   |                          | All participants<br>in category     | Participants with<br>specific risk factors |
|---|--------------------------|-------------------------------------|--|
| Pregnant women                          |                          | <input type="checkbox"/>            | <input type="checkbox"/>                   |
| Breastfeeding women                     |                          | <input type="checkbox"/>            | <input type="checkbox"/>                   |
| Postpartum, nonbreast-<br>feeding women | <input type="checkbox"/> |                                     | <input type="checkbox"/>                   |
| Infants                                 |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   |
| Children                                |                          | <input type="checkbox"/>            | <input type="checkbox"/>                   |

- c. The State agency provides a specially tailored package for:

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Women/children with special dietary needs |
| <input checked="" type="checkbox"/> | Homeless individuals                      |
| <input type="checkbox"/>            | Incarcerated women                        |
| <input type="checkbox"/>            | Other (specify):                          |

Provide a copy of the actual foods included in the homeless and prison packages in the Appendix or cite Procedure Manual reference below.

- d. The State agency develops written nutrition tailoring policies and supportive rationale based on the following participant characteristics:

|                                     |                           |
|-------------------------------------|---------------------------|
| <input type="checkbox"/>            | does not develop          |
| <input checked="" type="checkbox"/> | develops based on:        |
| <input type="checkbox"/>            | category                  |
| <input checked="" type="checkbox"/> | age                       |
| <input type="checkbox"/>            | nutritional risk criteria |

## NUTRITION SERVICES

### Food Package Design

- ☐ priority
- ☐ participation in other food programs (e.g., Child Care Food Program)
- ☒ other (specify): **allergies, medical conditions -- e.g. lactose intolerant**

- e. **The State agency allows local agencies to develop specific tailoring guidelines (nutrition tailoring may be done for only the following reasons: to reduce quantities of foods for individual participants or categories based on their nutritional needs; to accommodate participant preferences; to accommodate household conditions; and administrative adjustments may be made to brands, types, and forms but not quantities of allowed foods.)**

☐ Yes ☒ No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- ☐ Local agencies are required to submit tailoring guidelines for State approval
- ☐ Local agency tailoring guidelines are monitored annually during local agency reviews
- ☐ Other (specify):

- f. **The State agency authorizes the local agency CPA to individually tailor the food package**

☒ Yes ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite):**

### 3. Prescribing Packages

- a. **Individuals allowed to prescribe food packages:**

|                  | <b>Standard food package</b>        | <b>Individually tailored food package</b> |
|------------------|-------------------------------------|---|
| CPA              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>       |
| Other (specify): |                                     |   |

## NUTRITION SERVICES

### Food Package Design

- b. Check below as applicable to describe the State agency's policies on issuing special formulas and whole cow's milk (WCM) to infants six months of age or older:

| Ready-to feed                       | Low-iron low-calorie, high calorie formulas | Non-contract                        | Exempt/WIC-eligible Medical foods  |
|-------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>            | <input type="checkbox"/> Not authorized by the State agency  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Only authorized for specific diseases/ conditions identified by State agency |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medical documentation required   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> State agency approval required   |
| <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>            | <input type="checkbox"/> For religious eating patterns   |
| <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>            | <input type="checkbox"/> Other (specify):  |

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (cite): FD: 24.8, FD: 22.0**

**NUTRITION SERVICES**  
**Staff Training**

**D. STAFF TRAINING**

**The State agency provides or sponsors the following training for WIC competent professional authorities:**

|   |                          | <b>Professionals</b>     |                          | <b>Paraprofessionals (may or may not be CPA's in some States)</b> |                          |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|
|   |                          | <b><u>Regularly</u></b>  | <b><u>As Needed</u></b>  | <b><u>Regularly</u></b>   | <b><u>As Needed</u></b>  |
| General nutrition education methodology               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| State certification policies/procedures               |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Anthropometric measurements                           |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Bloodwork procedures                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> |
| Nutrition counseling techniques                       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Breastfeeding counseling                              |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Dietary assessment techniques                         |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Prescribing tailored food packages                    |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Nutrition updates                                     |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Maternal nutrition                                    |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Infant nutrition                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/> |
| Child nutrition                                       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
| Other (specify): <b>ALL ARE PROVIDED BY TEXAS WIC</b> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/>  | <input type="checkbox"/> |



## **NUTRITION SERVICES**

### **Staff Training**

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (cite):**